



**Horse Feathers Equine Rescue
Warmth for Weight
Blanketing Grant Application**

The purpose of this program is to provide horses and owners in need with a means to obtain a warm blanket for their equine. A horse that is not losing body heat to rain, cold, and wind maintains and utilizes his feed much better than a horse that is burning calories shivering, and trying to stay warm. In return for blanketing assistance, we ask a small donation to aid in the procurement of additional blankets for the program, and the promise that when no longer needed, the blanket is returned to assist another equine in need.

Name:

Mailing Address:

City/State/Zip:

Physical address of equines (if different):

County:

Phone:

Alternate Phone:

Email:

How many equines are in need of blanketing assistance?

Please list ages/breed

Size(s) of blanket requested

Is the horse on property owned by you?

Who is your veterinarian and what was the date of your last veterinarian visit?

Ever been contacted by Animal Control authorities in your area with concerns about your equines?

Date of your equines last dental work?

Date of last hoof trim or farrier work?

Are any of your equines being used for breeding purposes?

If you do own any stallions, are you willing to geld them?

Do you have any pregnant mares or mares in foal?

Will you allow a representative of HF, or an animal care professional to visit your property to assess the needs of all equines there?

Do you agree to not sell, give away, or transfer blanket received/purchased by the Horse Feathers Warmth for Weight?

Do you give permission for a representative of HF to contact your veterinarian with any questions he/she may have pertaining to the past, present, or ongoing care of your horse(s)?

Are you willing to volunteer or otherwise "pay it forward" by holding a fund raising event (example, yard sale, bake sale, can drive) to help raise funds to purchase more blankets, so that others in need may be helped? (you are under no obligation to reimburse a set amount)

Comments:

Applicant Signature: _____

Date: _____

Number of blankets _____

For Horse Feathers Staff Only:

Date of Application Receipt: _____ Date of review _____

Site Check performed Y ___ N ___ Site check performed by: _____

Approved _____ Disapproved _____

Reasons/Comments: _____

Horse Feathers Staff Signature: _____

Date: _____
